

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO RECIPIENT OF PROVIDER ELIGIBILITY
ACKNOWLEDGEMENT OF RECEIPT OF WAIVER**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Applicant Provider Name: _____

Recipient Name: _____

Recipient Case Number: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Recipient:

On _____, you were informed that, based on Welfare and Institutions Code, Section
MM/DD/YYYY

12305.87, _____ was denied eligibility to work as an IHSS provider because he/she
had been convicted of a felony crime.

On _____, the county/Public Authority/Non-Profit Consortium IHSS program office received
your signed waiver request. By signing the waiver, you confirmed that you understand that you are
employing the above-named individual to work for you as an IHSS provider with the knowledge of his/her
criminal conviction(s) and that the State of California and the County of _____ are
not liable for the actions of this individual while in your employ as an IHSS provider.

He/she may begin work as an IHSS provider for you as of the date of this notice. If this individual has
already begun providing IHSS services to you, he/she may be eligible to receive retroactive payments
for any authorized services he/she provided.

If you have any questions about this notice, call _____.